PSJ14 Janssen Opp Exh 40 – JAN-MS-00310473

Assessing the Risk for Substance Abuse

US Controlled Substances Regulatory Policy is Guided by the Principle of Balance

"Preventing drug abuse is an important societal goal, but there is consensus, by law enforcement agencies, health care practitioners and patient advocates alike, that is should not hinder patients' ability to receive the care they need and deserve."

-- DEA, October 23, 2001

Link A 

http://www.usdoj.gov/dea/pubs/pressrel/pr102301.html.

Link A: US Controlled Substances Regulatory Policy is Guided by the Principle of Balance

"We want a balanced approach that addresses the abuse without keeping patients from getting the care they need and deserve."

-- Asa Hutchinson
Administrator, DEA

http://www.usdoj.gov/dea/pubs/pressrel/pr102301.html.

Defining the Issues

- Misunderstandings about addiction, tolerance, dependence
- Difficulties in assessing patient's risk
- Absence of articulated strategies to manage patients at risk

(Passik et al. 2000; Passik et al. 1998)

The Terminology of Abuse

- Physical Dependence **Link B**
  - Does not independently cause addiction
- Addiction **Link C**
  - Fundamental features: loss of control, compulsive use, use despite harm

(Passik et al, 2000; Portenoy et al, 1997)

Link B: Physical Dependence

- Abstinence syndrome induced by administration of an antagonist or by dose reduction
- Usually unimportant if abstinence is avoided
- Assumed to exist after few days' dosing, but actually highly variable

(Passik et al, 2000; Portenoy et al, 1997)

Link C: Addiction

- Disease with pharmacologic, genetic, psychosocial elements
- Fundamental features: loss of control, compulsive use, use despite harm
- Diagnosed by observation of aberrant drug-related behavior

(Passik et al, 2000; Portenoy et al, 1997)

The Terminology of Abuse

- Tolerance **Link D**
  - Tolerance rarely "drives" dose escalation
  - Tolerance does not cause addiction
- Pseudoaddiction **Link E**
  - Aberrant drug-related behaviors driven by uncontrolled pain

(Passik et al, 2000; Portenoy et al, 1997)

Link D: Tolerance

- Diminished drug effect from drug exposure
- Tolerance develops to both analgesic effects and to unwanted side effects
- Tolerance to analgesia is seldom a problem in the clinical setting

(Passik et al, 2000; Portenoy et al, 1997)

Link E: Pseudoaddiction

- Aberrant drug-related behaviors driven by uncontrolled pain
- Reduced by improved pain control
- Complexities
  - How aberrant can behavior be before it is inconsistent with pseudoaddiction?
  - Can addiction and pseudoaddiction coexist?

(Passik et al, 2000; Portenoy et al, 1997)

Risk of Addiction or Aberrant Behavior with Opioids

The Potential for addiction is in the patient, not the opioid

HIGH RISK
Long-term exposure to opioids in addicts

~ 45%

<1%

LOW RISK
Short-term exposure to opioids in non-addicts

Where is your patient?

(Porter, 1980; Dunbar, 1996; Passik, 1998)

Diagnosing and Monitoring Aberrant Behaviors

Assess Behavior

Link F

- Patient Interview

Link G

Differential Diagnosis

- Addiction/pseudoaddiction
- Other psychiatric disorders (eg, borderline personality disorder)
- Mild encephalopathy
- Family disturbances
- Criminal intent.

(Portenoy et al, 1997)

Link F: Assessing Behavior

- Step 1: Are there aberrant drug-related behaviors?
- Step 2: If yes, are these behaviors best explained by the existence of an addiction disorder?

Link G: Drug-Related Behavior Predictive of Addiction

Probably More Predictive

- Selling prescription drugs
- Prescription forgery
- Stealing or "borrowing" drug from another person
- Injecting oral formulation
- Obtaining prescription drugs from non-medical source
- Multiple episodes of prescription "loss"
- Concurrent abuse of related illicit drugs
- Multiple dose escalations despite warnings
- Repeated episodes of gross impairment or dishevelment

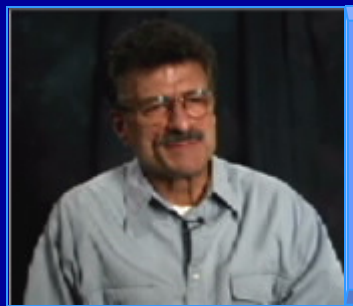
Probably Less Predictive

- Aggressive complaining
- Drug hoarding when symptoms milder
- Requesting specific drugs
- Acquisition of drugs from other medical sources
- Unsanctioned dose escalation once or twice
- Unapproved use of the drug to treat another symptom
- Reporting psychic effects not intended by the clinician
- Occasional impairment

(Passik et al, 1998)

Burn Case: Abuse or Pseudoaddiction?

- 45 year old man
- 7 months after serious burns
- Pattern of exceeding medication usage for residual chronic pain
- History of alcohol abuse in remission
- Needs “early” prescription renewal



Addressing Aberrant Drug-related Behavior

- General Management Principles
  - Know laws and regulations
  - Structure therapy to match perceived risk
- Proactive Strategies
  - Communicate goals of therapy
  - Provide written guidelines (treatment contract)
  - Assess often

(Passik et al. 1998; Mironer et al. 2000; Passik et al. 2000)

Addressing Aberrant Drug-related Behavior: Strategies

- Reactive Strategies
  - Require frequent visits and small quantities of drug
  - Use of urine toxicologies
  - Long-acting drugs with no rescue doses
  - Relate to addiction-medicine community (sponsor, program, addiction-medicine specialist, psychotherapist)

(Passik et al. 1998; Mironer et al. 2000; Portenoy et al. 1997; Passik et al. 2000)

Elements of Success

- Structure initial analgesic regimen based on risk
- Conduct ongoing assessment of behavior
- Educate the patient about responsible use of opioids

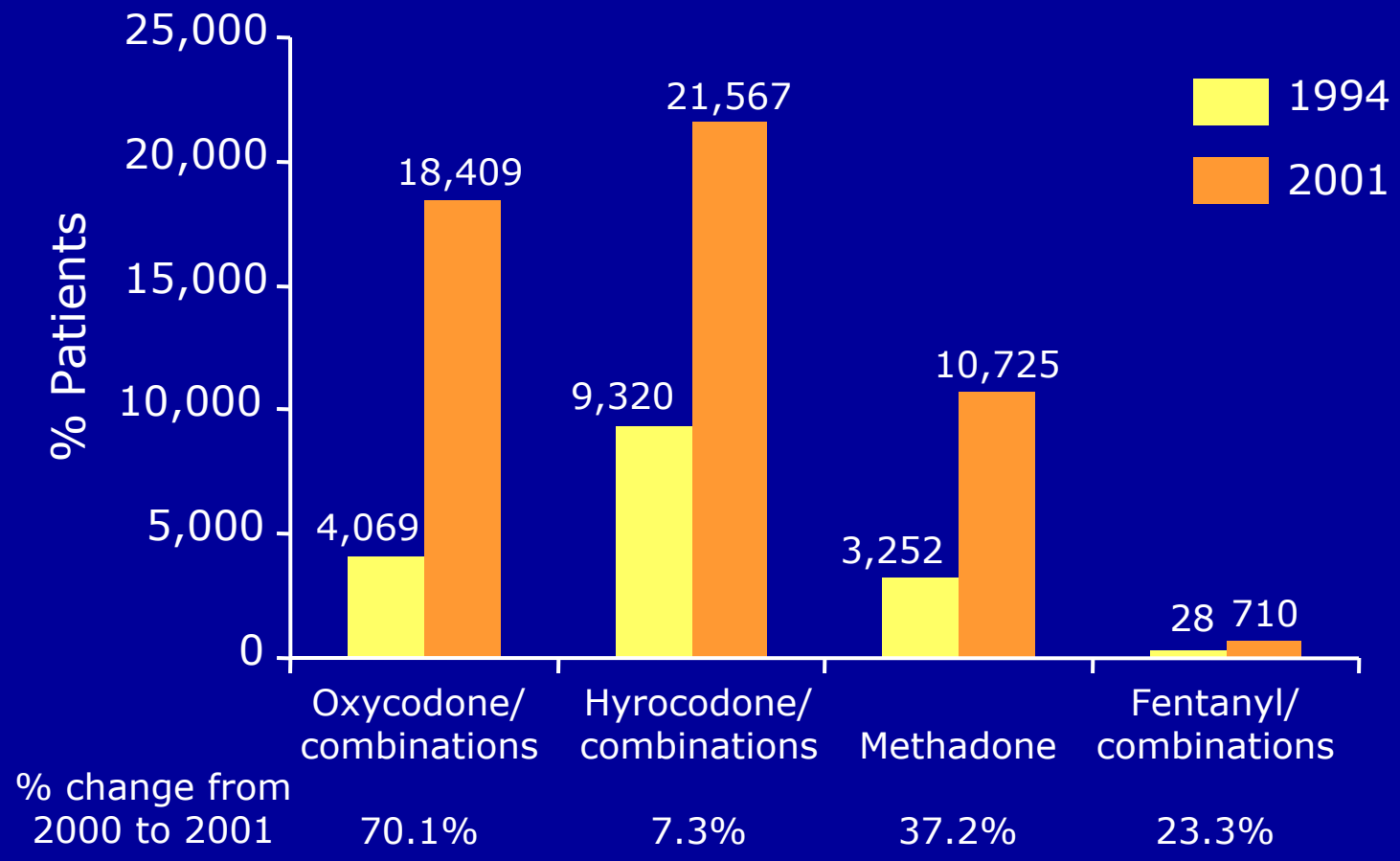
(Portenoy et al, 1997; Passik et al, 1998)

The FSMB Model Guidelines

1. **Patient Evaluation**
2. **Treatment Plan**
3. **Informed Consent & Agreement for Treatment**
4. **Periodic Review**
5. **Consultation**
6. **Medical Records**
7. **Compliance With the Controlled Substances Laws and Regulations**

(FSMB of US 1998)

DAWN Emergency Departments Trends 1994-2001



(DAWN 2002)

DAWN Statistics 2001

- Fentanyl combinations mentioned much less frequently compared to other narcotic analgesic combinations
- From 1994 to 2001 ED mentions
  - **Hydrocodone/combinations ↑ 131%**
  - **Oxycodone/combinations ↑ 352%**
  - **Methadone ↑ 230%**

Conclusions

- Misunderstandings about the use of opioids results in undertreatment of chronic pain
- Physicians must become better informed
- Proper, effective use of opioids allows patients to lead productive lives with minimal risk of addiction or unsettling adverse effects